



RECIPIENT ELIGIBILITY FORM FORM B

Top section to be completed by patient

Patient ID 9 A

1. Last Name

2. First Name

3. Middle Initial

4. Social Security Number

5. Date of Birth (Month – MM) (Day – DD) (Year--YYYY)

6. Address

7. City

8. State

9. ZIP Code

10. Telephone

11. Are you Hispanic or Latino?

☐ Yes

☐ No

12. Select all that apply to you

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Pacific Islander
☐ White
☐ Unknown

14. (Select one if Pacific Islander)

- ☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Japanese
☐ Korean
☐ Laotian
☐ Vietnamese
☐ Other Asian
☐ Filipino
☐ Guamanian
☐ Hawaiian
☐ Samoan
☐ Other Pacific Islander

15. Total number of family members living together

(applicant, spouse, children aged 20 and younger):

16. Total gross monthly income of family members:

17. I have no health insurance:

☐ None

I have this kind of health insurance:

☐ Medi-Cal

☐ Military

☐ Private insurance

☐ Medicare Part B

☐ Family PACT

☐ Other _____

I certify that the above information is correct and complete:

Recipient Signature

Date Signed

PROVIDER USE ONLY Eligibility Checklist

Supporting documentation on file establishes that recipient:

18. ☐ Meets program's age criteria for breast and cervical cancer screening and diagnostic programs.

[≥ 40 years of age for Breast Services or ≥ 25 years of age for Cervical Services]

19. ☐ Meets program's income and insurance criteria for breast and cervical cancer screening and diagnostic programs.

[≤ 200% Federal Poverty Level; Payor of Last Resort: Unmet Share Of Cost, Unmet deductible, Exhausted Family PACT, No Medicare Part B]

20. ☐ Recipient referred for Breast and Cervical Cancer Treatment Program (Optional).

21. ☐ Signed program's consent form.

I have determined that this woman is eligible for CDP services*.

Primary Care Provider Staff Certifying Signature

Date Certified

To be eligible for program participation, clients must meet age, income and health insurance criteria. All three must be met for eligibility.

* Eligibility determination policies and information are located in the Cancer Detection Programs: Every Woman Counts section of the Medi-Cal Manual. Complete all fields. Place original in patient chart.